

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Pharmacists  
Managed Care Plans  
Regional Administrators  
CSO Administrators

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration

**Memorandum No.: 02-90 MAA**  
**Issued:** January 1, 2003

**For Information Call:**  
1-800-562-6188

**Subject: Prescription Drug Program - Updates**

**The Medical Assistance Administration (MAA) is implementing the following changes to the Prescription Drug Program:**

1. Updates to the Maximum Allowable Cost (MAC) List;
2. Retroactive Price Adjustments to the Certified Average Wholesale Prices (CAWP) for selected drugs; and
3. Additional spacers billable on the Point of Sale (POS) system.

**1. Updates to MAC**

**Effective on the dates of service specified below, MAA will implement the following additions and rate changes to the MAC list.**

**1A NEW MACs**

<b>GENERIC NAME</b>	<b>STRENGTH</b>	<b>FORM</b>	<b>Effective 2/1/03 MAC</b>
ACETIC ACID/HYDROCORTISONE	2-1%	EAR DROPS	\$1.65521
BUPROPION HCL	75MG	TABS	\$0.25000
BUPROPION HCL	100MG	TABS	\$0.29560
CEFUROXIME AXETIL	250MG	TABS	\$3.05000
CEFUROXIME AXETIL	500MG	TABS	\$5.15000
ENALAPRIL MALEATE	20MG	TABS	\$0.30000
LEVONORGESTREL-ETHINYL ESTRADIOL	0.1-0.2MG	TABS	\$0.77000
LISINOPRIL	5MG	TABS	\$0.43260
LISINOPRIL	10MG	TABS	\$0.22000
LISINOPRIL	20MG	TABS	\$0.35000
LISINOPRIL	30MG	TABS	\$0.61000
LISINOPRIL	40MG	TABS	\$0.41000
LOVASTATIN	20MG	TABS	\$1.12000
LOVASTATIN	40MG	TABS	\$1.95000
OXAZEPAM	30MG	CAPS	\$0.84027

**1A NEW MACs (Continued)**

GENERIC NAME	STRENGTH	FORM	Effective 2/1/03 MAC
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PROCHLORPERAZINE MALEATE	25MG	SUPP	\$2.00000
TRETINOIN	0.025%	CREAM	\$1.01000
TRETINOIN	0.1%	CREAM	\$1.41000
URSODIOL	300MG	CAPS	\$1.86830

GENERIC NAME	STRENGTH	FORM	Effective 12/17/02 MAC
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INSULIN INJECTION (REGULAR) HUMAN	100 UNITS/ML	VIAL	\$2.39000
ISOPHANE INSULIN SUSPENSION (NPH) HUMAN	100 UNITS/ML	VIAL	\$2.39000
70% ISOPHANE INSULIN SUSPENSION (NPH) 30% INSULIN INJECTION (REGULAR) HUMAN	100 UNITS/ML	VIAL	\$2.39000

**1B RATE CHANGES**

GENERIC NAME	STRENGTH	FORM	Effective 12/1/02 MAC
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BACLOFEN	10MG	TABS	\$0.21000
BACLOFEN	20MG	TABS	\$0.39140

GENERIC NAME	STRENGTH	FORM	Effective 2/1/03 MAC
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ALLOPURINOL	100MG	TABS	\$0.07250
AMANTADINE	100MG	CAPS	\$0.28000
DIPYRIDAMOLE	75MG	TABS	\$0.16000
VALPROIC ACID	250MG	CAPS	\$0.31740

**1C LEVOTHYROXINE UPDATE**

Numbered Memorandum 02-78 MAA, dated October 1, 2002, stated that Levothyroxine Sodium 25-300 MCG tablets were to be added to the MAC list effective 11/1/02. That change was rescinded. These products were not and are not included in the MAC list.
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## 2. Adjustments to CAWP

MAA is implementing the following retroactive CAWP changes effective with the dates of service indicated below. Do NOT rebill affected claims. MAA will do a mass adjustment for these drugs.

GENERIC NAME	STRENGTH	FORM	Effective 1/1/02
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TESTOSTERONE CYPIONATE NDC 00009-0417-01	200MG/ML	1ML VIAL	\$16.73000
TESTOSTERONE CYPIONATE NDC 00009-0417-02	200MG/ML	10ML VIAL	\$7.67800

GENERIC NAME	STRENGTH	FORM	Effective 6/1/02
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ANTIHEMOPHILIC FACTOR	310U (+/-)	VIAL	\$0.85000
ANTIHEMOPHILIC FACTOR	600 U (+/-)	VIAL	\$0.85000
ANTIHEMOPHILIC FACTOR	1020 U (+/-)	VIAL	\$0.85000

GENERIC NAME	STRENGTH	FORM	Effective 7/1/02
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ETOPOSIDE NDC 55390-0291-01	20MG/ML	5ML VIAL	\$3.34000
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## 3. Additional Spacers Added to POS Reimbursement:

Effective for dates of service on and after February 1, 2003, pharmacy providers may bill MAA for four additional spacers through the POS system:

<u>Description</u>	<u>NDC</u>	<u>MAC</u>
Vortex Holding Chamber	83490-0510-01	\$23.35
Vortex Holding Chamber with Toddler (sm.) mask	83490-0510-02	\$23.35
Vortex Holding Chamber with Child (med) mask	83490-0510-03	\$23.35
Vortex Holding Chamber with Adult (lg) mask	83490-0510-04	\$23.35

Refer to Memorandum No. 02-16 MAA, dated April 22, 2002, for other spacers, peak flow meters, and billing instructions. Go to: <http://maa.dshs.wa.gov/download/dmn/memos02.html>. To obtain this numbered memorandum electronically, go to the same site.

Remember to bill MAA your usual and customary charge for the product you dispense. Reimbursement will be the lower of the billed charge or the maximum allowable fee.